

PART II

NOTE: Substantially equivalent reciprocal applicants do not need to complete Part II.

EMPLOYER NUMBER 1	
Name of employer	
Address of employer (<i>number and street, city, state, and ZIP code</i>)	
Telephone number ()	Dates employed (<i>month, day, year</i>) From To
Name of verifying licensee	License number of verifier
Brief job description	
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EMPLOYER NUMBER 2	
Name of employer	
Address of employer (<i>number and street, city, state, and ZIP code</i>)	
Telephone number ()	Dates employed (<i>month, day, year</i>) From To
Name of verifying licensee	License number of verifier
Brief job description	
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EMPLOYER NUMBER 3	
Name of employer	
Address of employer (<i>number and street, city, state, and ZIP code</i>)	
Telephone number ()	Dates employed (<i>month, day, year</i>) From To
Name of verifying licensee	License number of verifier
Brief job description	
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